A picture containing text, clipart

Description automatically generated**Blood Pressure Ancillary Pre-Pilot Activity Evaluation Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff code or initials:** |  |  |  |  | **Date completing this form:** | **/ /** |

**1. General comments on data collection forms, participant forms/instructions, and manual**

| **Topic** | **Comments & suggested changes** |
| --- | --- |
| Any issues with forms?  (if so, list the form code below and add rows as needed) |  |
|  |  |
|  |  |
| Any issues with participant forms, logs, and instructions?  (if so, list the form below and add rows as needed) |  |
|  |  |
| Any issues with Manual 38 – Orthostatic Hypotension (OH)? |  |
| Any issues with Manual 39 – Blood Pressure Monitoring (BPM) for Ambulatory BPM and Home BPM? |  |

**2. General comments on data collection forms, participant materials, and listed manuals**

| **Topic** | **Comments & suggested changes** |
| --- | --- |
| Any additional concerns? |  |

All field center staff who participate in the pre-pilot should contribute input into this evaluation throughout the course of the pre-pilot.  Submit one evaluation form per field center to Arichelp [[arichelp@unc.edu](mailto:arichelp@unc.edu)] at the completion of the pre-pilot activity.